P. 02

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Cochran Freund & Young LLC 2026 Caribou Drive, Suite 201 Fort Collins, CO 80525

PATENT APPLICATION

DOCKET NO.: CW-01 040130 (LED01US01)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Mingzhu Li

Application No.: 10/767,820

Examiner: Tuyet Vo

Filing Date: 1/30/2004

Group Art Unit: 2821

Title: LED LIGHT MODULE AND LIGHTING STRING

COMMISSIONER FOR PATENTS ALEXANDRIA, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

) Response/A:) New fee as o	is/are the following imendment A to OA ocalculated below al fee of Attorney and Carterian Carter	dated 5/23	/2005			(X) ()	Petiti Supp	on to ex lementa	tend time t l Declarati	or respond
Other: Powe	a of Attorney days	CI	AIMS AS A	MEN	DEO BY LAR	GE ENTITY				
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT		(3) NUMBER EXTRA		(4) HIGHEST NUMBER PREVIOUSLY PAID FOR		PRI	(5) ESENT CTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	17	MINUS		20	_	`	X 25			
INDEP. CLAIMS	3	MINUS 20						X 100		
[] FIRST PRESEN	TATION OF A MULTIP	LE DEPENI	ENT CLAI	M					+ \$360	<u> </u>
EXTENSION FEE	1ST MONTH 2ND M				RD MONTH	4TH M \$1,590	IONTH	S		
		<u> </u>]	OR THIS AM	OTAL FEE	s		

() Attached is a check for \$

At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-1491 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1491 under 37 CFR 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (571-273-8300) under CFR 1.8 on the date listed below:

Date of Transmission:

November 18, 2005

Typed Name: Kathy M. Manke

Respectfully submitted

William W. Cochran Attorney for Applicant(s)

Reg. No.: 26652

Telephone No.: (970) 492-1100 Customer Number: 27479

Date: November 18, 2005

⁽X) Please charge to Deposit Account 50-1491 the amount of \$510.00.

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			•	ZLAIMS AS A	MENDED BY L	ARGE EN	ITIY				
	(1) FOR	(2) CLAIMS REMAINING AFTER AMENIMENT		(3) NUMBE EXTRA	r High Prevk	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR		(5) PRESENT EXTRA		(6) RATE	(7) ADDITIONAL FEES
TOTAL		17		MINUS	20					X 25	
INDEP.		3		MINUS	20	20				X 100	
[] FIR	RST PRESENT	TATION OF A MU	ILTIPLE DEPEN	DENT CLAP	A					+\$360	\$
EXT	TENSION FEE			HTMOM	3RD MONTE	1	4TH MON	пн	\$		
	·	\$120	\$450		\$1,020	FOR TI		AL FEE	s		

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